



Form D

Annual Financial Status

Please attach a letter from the program's fiscal agent or accountant identifying who is responsible for the fiscal records and stating where they are routinely kept. Also, attach a statement, prepared in accordance with generally accepted accounting practices, showing the total cash receipts and disbursements for the past year.

Program Name: _____

Grant Number: _____

Localities Served: _____

Reporting Person: _____

Date: _____

Year: _____